STATE OF CALIFORNIA DEPARTMENT OF JUSTICE

SUBSTITUTE AGENCY NOTIFICATION REQUEST

BCII 9002 (Orig. 08/05)

*Check if re-submission

Form must be filled out completely to ensure processing. Any required information that is not provided will result in the application being denied and returned to the requesting agency.

* Form may be resubmitted for corrections one time without additional charge using the original document only.

| STEP I - To be completed by applicant (please print): | |
|--|--|
| | |
| Name | |
| (Last) (First) | (Middle) |
| Aliases (Maiden name, AKA's) | Gender: |
| | |
| Date of Birth (Month/Day/Year) Social Security Number (optional) | |
| I am requesting that my fingerprint clearance or exemption be tra | insferred to the receiving licensing agency below. |
| Applicant Signature | |
| STEP II - Original application information - to be completed by applicant: | |
| | Original Application Type (check one): |
| Date Fingerprinted (if known): | Family day care |
| , | ☐ Family day care volunteer |
| Original Applicant Agency/ORI: | ☐ Foster family home |
| STEP III - To be completed by receiving licensing agency: | |
| Completion of this section indicates that the receiving agency has | s approved the transfer |
| | |
| Agency | Effective date |
| | Agency/ORI |
| Address Street of B.O. Boy | Contact Namo |
| Street or P.O. Box | Contact Name |
| City State Zip Code | Phone Number () |
| Oity State 2ip Sout | Billing Code |
| DOJ use only | |
| Request appoved for processing | Request Denied (CACI not processed) |
| Fee Received | Fee not received/incorrect billing code |
| ☐ On authorized agency list | ☐ Not on authorized agency list |
| ☐ Transfer complete | Required data missing |
| | ☐ App type does not match |
| Child Abuse Central Index (CACI) processing | Original application not on file |
| ☐ CACI Transfer complete Technician stamp | |
| CACI Transfer not completed - Submit New LIC 198 Form | |

Receiving licensing agency must transmit this notification to:

Department of Justice
Bureau of Criminal Identification and Information
P.O. Box 903417
Sacramento, CA 94203-4170